

SENDER COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MCMC, Inc
 Registered Agent Solutions, Inc.
 32 W. Loockerman St., Suite 201
 Dover, DE 19904

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No3. Service Type USPS☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7003 1680 0001 9817 7150

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540